

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: State University of New York at Farmingdale

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 2350 Route 110, Farmingdale, NY 11735

Name of Agent Designated to Receive
Notification of Claimed Infringement: Michael Slauenwhite

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
2350 Route 110, Farmingdale, NY 11735, Horton Hall

Telephone Number of Designated Agent: 516-420-2225

Facsimile Number of Designated Agent: 516-420-9173

Email Address of Designated Agent: slauenmc@farmingdale.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: April 6, 1999

Typed or Printed Name and Title: Michael Slauenwhite
Assistant Vice President, Administrative Services

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.

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